

Ifw



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/798,103	
	Filing Date	March 10, 2004	
	First Named Inventor	L. Gary Jensen	
	Art Unit	3721	
	Examiner Name	Christopher R. Harmon	
Total Number of Pages in This Submission	7	Attorney Docket Number	JE17-001

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard Receipt; Copy of Office Action
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	George G. Grigel; Wells St. John P.S.
Signature	
Date	11 Apr 05


CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Typed or printed name	Terri Kotzke	Date	Apr 11, 2005
Signature			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.10/798,103
Filing DateMarch 10, 2004
Inventor L. Gary Jensen
Group Art Unit.....3721
Examiner Christopher R. Harmon
Attorney's Docket No. JE17-001
Title: Web Forming Machine



RESPONSE TO APRIL 1, 2005 OFFICE ACTION

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

From: George G. Grigel (Tel. 509-624-4276; Fax 509-838-3424)
Wells St. John P.S.
601 W. First Avenue, Suite 1300
Spokane, WA 99201-3828

Dear Sir:

In response to the Office Action dated April 1, 2005, a copy of which is attached to this response, kindly see Applicant's response noted below.

REMARKS

In the recent Office Action dated April 1, 2005, the Office noted a fee deficiency as indicated in the most recent Action.

Applicant, by and through their counsel authorizes the Office to charge the Deposit Account 23-0925 for the extra claim fees as noted in the Notice of Fee Deficiency.